

## INSTRUCTIONS FOR PREPARING BIAS CRIME INCIDENT REPORT

### GENERAL

This report is separate from, and in addition to, the routine Summary UCR submission. Crimes are to be reported on this form when they have been determined to have actually occurred and are *bias-motivated*, regardless of whether arrests have taken place. Refer to the Data Collection Guidelines for additional information, clarification, and explanation. Detailed federal collection guidelines, applicable to this Report, can be found on the Internet at (ICRC web page) and [www.fbi.gov/uce.htm](http://www.fbi.gov/uce.htm)

### BIAS CRIME INCIDENT REPORT: contents

1. Per IC 10-13-3-38 and 28 USC 534, each law enforcement agency shall collect information concerning bias-related incidents *that are crimes*. At least two times each year, a law enforcement agency shall submit information collected to the Indiana Central Repository for criminal history.
2. The Incident Report should identify
  - [a] the agency
  - [b] the agency ORI
  - [c] the date of the incident (if known)
  - [d] the city of incident
  - [e] the county of incident
3. Provide an identifying incident number, which preferably will be your "case" or "file" number.
4. The report should indicate if, in the opinion of the reporting individual and/ or data collectors
  - [a] bias was the primary motivation for the crime
  - [b] only incidental to the crime
5. The Incident Report should be used as
  - [a] an initial report of a bias-related crimeor
  - [b] to supplement information in a previously reported crime
6. Indicate the number of offenders, if known, or indicate that the number of offenders is unknown.
7. Indicate the suspected offender's race, if known. If there was more than one offender, provide the race of the group as a whole.
8. Indicate codes for all offenses within the incident determined to be bias-related. In multiple offense incidents, report only those offenses determined to be bias-related
9. Indicate the victim type for each offense identified within the bias-related incident.
10. Indicate the most appropriate location for each bias-related offense.
11. Identify if the report is based on
  - [a] an alleged crime where no charges have been filed
  - [b] charged crime with no convictions
  - [c] charged crime for which a conviction has been obtained
12. Indicate the bias motivation for each bias-related incident.
13. Indicate the number of victims for each offense.
14. (optional) Include on separate paper any additional comments/information you feel will add clarity to the report.



## BIAS CRIME INCIDENT REPORT

Initial ☐ Adjustment ☐ ORI Date of Incident / /  
Month Day YearIncident No. Page  of  of Same Incident

## Uniform Code Reporting Offense

UCR Code # of victims basis

#1 

UCR Code # of victims basis

#2 

UCR Code # of victims basis

#3 

UCR Code # of victims basis

#4 

UCR Code # of victims basis

#5 

UCR Code # of victims basis

#6 

## Offense Code

01 Murder

02 Forcible Rape

03 Robbery

04 Aggravated Assault

05 Burglary

06 Larceny- Theft

07 Motor Vehicle Theft

08 Arson

09 Simple Assault

10 Intimidation

11 Destruction/Damage/Vandalism

## Report Basis Code

01 Alleged

02 Charged

03 Conviction

## Location (Check one for Offense #1)

01 ☐ Air/ Bus/ Train Terminal02 ☐ Bank/ Savings and Loan03 ☐ Bar/ Night Club04 ☐ Church/ Synagogue/ Temple05 ☐ Commercial/ Office Building06 ☐ Construction Site07 ☐ Convenience Store08 ☐ Department/ Discount Store09 ☐ Drug Store/ Dr.'s Office / Hospital10 ☐ Field/ Woods11 ☐ Government/ Public Building12 ☐ Grocery/ Supermarket13 ☐ Highway/ Road/ Alley/ Street14 ☐ Hotel/ Motel/ Inc.15 ☐ Jail/ Prison16 ☐ Lake/ Waterway17 ☐ Liquor Store18 ☐ Parking Lot/ Garage19 ☐ Rental Storage Facility20 ☐ Residence/ Home21 ☐ Restaurant22 ☐ School/ College23 ☐ Service/ Gas Station24 ☐ Specialty/ Store (Tv,Fur,Etc.)25 ☐ Other/ UnknownEnter Location  
Code if Different  
From Offense #1#2 #3 #4 #5 #6 

## Bias Motivation (Check one for Offense #1)

## Racial

11 ☐ Anti- White12 ☐ Anti- Black13 ☐ Anti-American Indian/

Alaskan Native

14 ☐ Anti- Asian/ Pacific Islander15 ☐ Anti- Multi- Racial- Group

## Ethnicity/ National Origin

32 ☐ Anti-Hispanic33 ☐ Anti-Other Ethnicity/ National Origin

Specify \_\_\_\_\_

## Religious

21 ☐ Anti- Jewish22 ☐ Anti- Catholic Motivation In23 ☐ Anti-Protestant Comment Field24 ☐ Anti Islamic(Moslem)25 ☐ Anti- Other Religion26 ☐ Anti- Multi-Religious Group Disability27 ☐ Anti- Atheism/ Agnosticism

## Sexual

41 ☐ Anti- Male Homosexual42 ☐ Anti Female Homosexual(Lesbian)43 ☐ Anti- Homosexual (Gay& Lesbian)44 ☐ Anti-Heterosexual45 ☐ Anti-Bisexual

## Disability

51 ☐ Anti-Physical Disability52 ☐ Anti-Mental DisabilityEnter Bias Motivation  
Code if Different  
From Offense #1#2 #3 #4 #5 #6 

## Victim Type: For each offense code listed above, check all applicable victim types.

| Victim Type:             | Offense Code #1          | Offense Code #2          | Offense Code #3          | Offense Code #4          | Offense Code #5          | Offense Code #6          |                           | Offense Code #1          | Offense Code #2          | Offense Code #3          | Offense Code #4          | Offense Code #5          | Offense Code #6          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 01 Individual*           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 05 Religious Organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 Business              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 06 Society / Public       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 Financial Institution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 07 Other                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 Government            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 08 Unknown                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total # of Victims

\*Indicate the total number of individual victims involved in the incident. Number of Offenders  ( Use "00 for Unknown")

## Suspected Offenders' Race as a Group (Check One)

1 ☐ White3 ☐ American Indian/ Alaskan Native5 ☐ Multi- Racial Group2 ☐ Black4 ☐ Asian/ Pacific Islander6 ☐ Unknown